

TRANSMITTAL FORM

Attorney Docket No.

2964-2003/RR1724/2344P

In re the application **SHI, et al.**Serial No: **10/080,396**Filed: **February 22, 2002**For: **HIGH CAPACITY MRAM MEMORY ARRAY ARCHITECTURE**Confirmation No: **8328**Group Art Unit: **2818**Examiner: **Yoha, Connie C.**RECEIVED
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input checked="" type="checkbox"/>	Petition to Revive - Unintentional	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	OFFICE OF THE SPECIAL PROGRAMS EXAMINER	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	9	20	0	\$18.00	\$ 0.00
Independent Claims	5	3	2	\$86.00	\$ 172.00
Total Fees					\$ 172.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>6536</u> in the amount of \$ <u>1502.00</u> is enclosed for payment of fees. Petition to Revive Fee \$1330.00; Excess Claims Fee \$172.00
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329	RECEIVED FEB 19 2004 OFFICE OF PETITIONS
Signature		
Date	October 30, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Oct. 30, 2003	
Type or printed name	Grace Alicea
Signature	